

Perceived Nursing Workload and Nurses' Job Task and its Contextual Performance Amany Mohamed Rashed¹, Foauda Mohammed Shaaban², Zohour Zkaria Elsaied³

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Abstract

Background: Nursing work overloads are key job stressors of nurses in a variety of care settings. Nurses that experience work related strain may not be able to perform efficiently and effectively. Perceived increased nursing workload is associated with extended consequences for nurse, patient and organization. Nurses' performance requires effective knowledge and good management for achieving patient safety goals and in providing nursing care with caring values. **Aim:** to assess perceived nursing workload and nurses' job task and its contextual performance. **Subjects and Method: Setting:** El Santa Central Hospital. **Subject:** (n=300) nurses working full time at El Santa Central Hospital. **Tools:** Tool I: Job performance self-administrated report. Tool II: Nursing workload scale. **Results:** Over quarter 26.5%, 30.8% and 42.7% respectively of nurses showed high, moderate and low overall task and contextual performance. As 31% of nurses have overall high task performance and 22% have high contextual performance Majority (75.5%) of nurses perceived high level of total nursing work overload. High significant positive correlation found between perceived nursing work overload and overall job task and contextual performance. **Conclusion:** Nurses at El Santa central hospital are at low and moderate levels of nursing task and contextual performance with perceived high level of unit, job and task nursing work overload. There was high significant positive correlation between nurses perceived nursing workload and overall job task and contextual performance. **Recommendation:** Head nurses have to provide balanced schedule of shift work and support provision for nurses. Educational training program was required for head nurses about supervision management. Head nurses required to support nurses to raise their self-confidence.

Key words: Job performance, task performance, contextual performance, nursing workload.

Introduction

Job performance is not a single unified construct but a multidimensional construct, it contribute to the level of productivity of nurses work related behaviors ⁽¹⁾. Nurses job performance is affected not only situational factors such as environmental characteristics, organization itself, coworkers, and internal factors. But also affected by internal factors as personality traits, needs, attitudes, preferences, motivations, entrepreneurship dimensions, and beliefs that motivate them to reacts to situational factors ⁽²⁾. Also, it affected by their need to achievement, span of control, self-confidence, capacity, and interaction between these factors ⁽³⁾.

Nurses job performance consist of task performance and contextual performance ⁽⁴⁾.

Task performance is behaviors that contribute directly to the organization's technical care and includes those activities that are typically recognized as part of a nurse's job ⁽⁵⁾. Behaviors of task performance are delineated according to role requirements and should be identified by a thorough analysis of the job. The task performance consists of technical care, information provision, support provision and coordination of care ⁽⁶⁾. Technical care is tasks and procedures that nurse perform towards meeting the physical needs of patients. Nursing care is to promote health and to help, educate and develop patients by liberating those resources. Nursing care

is based on interaction and participation for the purpose of satisfying universal and personal needs in relation to daily life, needs that become disrupted because of ill health. Professional nursing care is based on theoretical knowledge and systematic scientific methods⁽⁷⁾.

Information provision is giving information to the patients about the purpose of nursing procedures and prepare patient for discharge by explaining what to expect when they leave hospital. Nurses required to providing instructions for patients and their families about nursing care and procedures to be performed at home⁽⁸⁾. They explain to patient' family what to do if patient' problems or symptoms continue or get worse and provide them information about medication. Nurse informs patients of possible complications of nursing procedure and when can resume normal activities⁽⁹⁾. Support provision can be defined as a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful⁽¹⁰⁾. Support provision services provide emotional support, information, practical assistance, and help in understanding events⁽⁴⁾.

Coordination of care, required proper infrastructure, resources, leadership, and culture to support synchronized efforts, communication, and collaboration among multidisciplinary teams of providers and specialists⁽¹¹⁾. Successful care coordination requires several elements as easy access to a range of health care services and providers, good communications and effective care plan transitions between providers, a focus on the total health care needs of the patient and clear and simple information that patients can understand. Care coordinators support nursing staff to navigate the service system and services. They provide the point of contact as nurses undertake and complete their care plan⁽¹²⁾.

Contextual performance refers to behaviors that maintain the broader social environment in which the technical core must function. Nurses contextual performance consists of four aspects are: compliance, interpersonal support, job task support and volunteering for additional duties⁽⁶⁾. Nurses' compliance demonstrates commitment to the organization by complying with rules, regulations and procedures of the organization. As well as compliance with allegiance, loyalty, and commitment to organizational objectives. Nurses representing the hospital positively to clients outside the hospital and making sure that hospital materials and equipment's are effectively used and not missed⁽¹³⁾.

Interpersonal supports are behaviors that support the organization through interpersonal communication for assisting and cooperating with coworkers⁽¹⁴⁾. Communication between nurses and coworkers, in conjunction with good interpersonal relationships and social interaction are considered indispensable conditions for feeling comfortable with one's work⁽¹⁵⁾. Job task supports are emphasizing the behaviors that are not required by the organization, demonstration of dedication and persistence. Nurses may establish plan of care for patients and patient's family at home or hospital, staying late to help patients after shift time and taking enough time respond to patient 'needs⁽¹⁶⁾. Job task support involving nurses perception that the organization values their contributions and cares about their well-being, has been found to be the work experience most strongly linked to their emotional bond to the organization⁽¹⁷⁾.

Additional duties are volunteering to participate on committees services within the hospital that are not compulsory and attending in meetings regarding the hospital. This aspect also including making

innovative suggestions to improve the overall quality of the department and assist in ensuring that hospital materials and equipment's aren't wasted⁽¹⁸⁾. Volunteers may play an important role in improving people's experience of care, building stronger relationships between services and communities, supporting integrated care, improving public health and reducing health inequalities. The support that volunteers provide can be of particular value to those who rely most heavily on services, such as people with multiple long-term conditions or mental health problems^(19,20).

Workload is the amount of work performed or capable of being usually performed within a specific period⁽²¹⁾. Workload is investigated as nursing hours required or attributed to patients during the work shift. Also nursing workload is defined as a measure of the patient's nursing care activities (direct and indirect) as well as non-patient care activities such as participation in research activities or students' clinical teaching^(22,23). Nurses workload is calculated based on patient dependency levels and activities associated with nursing care delivery in support of a more holistic approach to building more robust and evidence-based models for workforce planning⁽²⁴⁾. Nurses workload has three levels: unit level, job level and task level.

Unit level workload is the nurse-patient ratio or nurse staffing level and skill mix considerations. The nurse-patient ratio can be used to compare units and their patient outcomes in relation to nursing staffing. High nursing workload at the unit level has a negative impact on patient outcomes. Improving patient care required increasing the number of nurses in a unit or decreasing the number of patients assigned to each nurse⁽²⁵⁾. Really the unit lack of professional nurses, unfair distribution of the nursing staff skills, increase number of

hours worked by nursing staff for direct patient care and the required time needed for the treatment of patient increase nurse's workload⁽²⁶⁾. Left undone nursing tasks during the shift due to lack of time, low support from head nurse and lack of college nurses' relation in the unit lead to unit work overload^(27,28).

Job level nursing workload refers to general and specific demands of the job, including the general amount of work to be done in the day, the difficulty of the work and the amount of concentration or attention required to do it (ICU nurses versus operation nurses). The workload depends on the type of nursing staff job or specialty of nurse. Resources at this level include time given to complete work, rest breaks and available human (e g, unlicensed assistive personnel) or technological resources and more^(29,30). There are several contextual factors in nursing work environment, such as performance obstacles, as poor physical work environment, missed supplies and more family needs other than job title that may affect nursing workload. The factor of perceived more work to do in little time, lack of available resources, difficulty to provide nursing care and its needs for more attention to do it, also affect nursing workload⁽³¹⁾.

Task level nursing workload, where interruptions divert nurses from their planned activities resulting in decreased performance and increased patient adverse events, such as medication errors⁽³²⁾. Several members of the same family may call a nurse separately and ask the same questions regarding the same patient's condition. Answering all these different calls and repeating the same information about the patient's status to different members of the family is a performance obstacle that increases the task level workload of nurses. Task level nursing workload affected by lack of support and communication among nursing staff in the

unit, Lack of training programs for nurses as time management, lack of concentration in providing nursing care for patient, Interruption affect nurses planned activities, spending much time dealing with patient' family need and lack of the use of information technology to enhance nursing care⁽³³⁾.

Significance of study

Increased nurses workloads contribute to their stress which affect nurse-patient relationships and can eventually lead to nurse turnover⁽³⁴⁾. Perceived workload acuity affects nurses' ability to assess patient status and they cannot promote excellent patient outcomes. Unbalanced nursing workload can lead to medication errors, falls, and pressure injuries. This affects negatively on their job performance and diminishes quality of care, nurse satisfaction, and nurse retention⁽³⁵⁾. So present study aims to assess nurses perceived nursing overload and job task and its contextual performance.

Aim of the Study

The aim of the study is to assess perceived nursing workload and nurses' job task and its contextual performance.

Research question:

What is the relation between perceived nursing workload and nurses' job task and its contextual performance?

Subjects and Method

Study design:

Descriptive study design was used in the present research.

Setting:

The study was conducted at El Santa Central Hospital. The hospital bed capacity (127) bed at eight departments. The hospital affiliated to Ministry of Health and Population at El Gharbia Governorate.

Subject:

All (N=300) nurses working full time at El Santa Central Hospital. The subject distributed in the departments as the following: intensive care unit (24), neonatal intensive care unit (30), dialysis

department (50), operations department (55), pediatric department (27), medical surgical department (39), obstetrics and gynecology department (35) and reception department (40) nurses.

Tools of data collection:

To fulfill the purpose of these study two tools were used to collect the needed data:

Tool I: Job performance self-administrated report. This tool was developed by Lin (2012)⁽³⁶⁾ and modified by the researcher based on recent related literature⁽³⁷⁾. It was used to assess level of job performance of nurses. The tool consisted of three parts
Part (1): Nurses characteristics data. This part includes data such as age, sex, marital status, level of education, department, years of experience, number of children, job position, residence, shift work, daily work hours, working weekend, work overtime, incentives of overtime.

Part (2): Task performance. This part includes four job performance subscales. Technical care included (30) items, Informational provision included (11) items,

Support Provision included (6) items, Coordination of care included (4) items

Part (3): Contextual performance. This part includes four subscales as Compliance included (3) items, Interpersonal support included (8) items, Job task support included (4) items, Volunteering for additional duties include (4).

Scoring system

Nurse's total performance, task performance and contextual performance of nurses measured using five –Likert type scales range from (1-5) with the category labels "never done=1, seldom done=2, sometimes done=3, often done=4, always done=5"which concluded to three points where: never done=never done, sometimes done+ seldom done=sometimes done and often done +always done =always done.

The total score was statistically calculated by summing scores of all categories where: High performance >75%, Moderate

performance 60% - 75% and Low performance <60%.

Tool II: Nursing Workload Scale. This tool was modified by the researcher after revise references guided by Pareek and Purohit (2018)⁽³⁸⁾ and Chang, Jackson and Jiang (2016)⁽³⁹⁾, was used by the researcher to assess the perceived level of nursing workload among nurses. This tool includes (25 items) categorized as: Unit level nursing workload included (12) items, Job level nursing workload included (6) items and Task level nursing workload included (7) items.

Scoring system

Nurse's responses measured on 5-point Likert-type scales ranging from (1-5), with the category labels "a little=1, some=2, a moderate amount=3, quite a lot=4 and a great deal=5"^{m (40)}. which concluded at three points as little=little, some+ moderate amount =moderate, Quiet a lot+great deal=great. The total scores calculated by summing of all categories where high nursing workload>75%, moderate nursing workload 60% - 75% and low nursing workload<60%.

Methods

1-Official permission to conduct the study was obtained from administrator of Tanta faculty of nursing to El Santa Central Hospital and was submitted to the responsible authorities of the selected setting.

2-The purpose of the study was explained and be clear to the directors of hospitals, manager of each unit to gain their cooperation.

3-Ethical and legal consideration was maintained all over the study as the following:

a-The approval of ethical committee was obtained.

b-The researcher was introduced herself to the participants, a full explanation of the aim and method of the study was done to obtain their acceptance and cooperation as well as their informed consent.

c-The right to abstain or terminate participation at any time was respected.

d-The nature of the study was not causing any harm or pain for the entire subject.

E-Assuring nurses about the privacy and confidentiality of collected data and explain that it was used only for the study purpose only.

4-After reviewing of the related literature and different studies in this field, the tools were developed by the researcher and translated into Arabic language to collect data from nurses.

5-Job performance self-administrated report tool (I) was used to assess level of job performance of hospital nurses and nursing workload questionnaire tool (II) was used to assess the perceived level of workload among hospital nurses.

6-Tools was reviewed with the supervisors, then submitted to five experts in the area of specialty from different department in Tanta faculty of nursing for testing the content and face validity.

-The five experts were one Professor and one assistant professor of nursing administration department. One assistant professor of nursing psychiatric department, one assistant professor of nursing medical surgical department and one assistant professor from pediatric nursing department and all jury from Faculty of Nursing Tanta University.

-The experts were asked for some modifications related to grammatical language and rephrasing of some sentences. The face validity of the tools was calculated based on experts' opinion after calculating content validity index was 96.4%. For tool (I) and 99% for tool (II).

7-A pilot study was carried out on 10% of subject (n=30) after the development of the tools. The aim of pilot study was to test the sequence of items, clarity, applicability and relevance of question. Necessary modifications were included clarification, omission of certain questions and adding

others and simple work-related words were used.

- Reliability of the tools was tested using Cronbach's Alpha 52 which was 0.912 for 67 items for tool (I), 0.834 for 25 items for tool (II) and 0.875 for 92 items respectively for tool (I, II) about job performance self-administrated report and nursing workload questionnaire.

8-Data collection phase: The data was collected from the subject at El Santa Central Hospital by the researcher. The researcher met the nursing staff in small groups during their work to distribute the questionnaire. The subjects recorded the answer in the presence of the researcher to ascertain that all questions were answered, and others were asked to fill it and return it back.

9-The appropriate time for data collection varied according to the type of work and workload for each department; sometimes it was done in the middle of shift and in the other times before the end of the shift. The estimated time needed to complete the questionnaire items from the nursing staff were between 15-20 minutes.

10-The data was collected over a period of six months from May 2020 until October 2020

10-Statistical analysis

The collected data were organized, tabulated and statistically analyzed using SPSS software statistical computer package version 26. For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, comparison was done using Chi-square test (χ^2). Correlation between variables was evaluated using Pearson and Spearman's correlation coefficient r . A significance was adopted at $P < 0.05$ for interpretation of results of tests of significance. Also, a highly significance was adopted at $P < 0.01$ for interpretation of results of tests of significance⁽⁴¹⁾.

Results

Table (1): Nurses characteristics.

Illustrates nurses characteristics including age, experience, gender, marital status, children, education and residence. Nurses 55.7% aged <35 and 35.3% aged (35-<45), with mean 34.08 ± 6.383 and range (19-54). Over half (58.7%) and 29.3% of nurses have <15 and 15-<25 years of experience respectively with mean 13.65 ± 6.605 and range 3-36. Majority (96%) of nurses were female, married 89.3% and 53.3% have more than two children. One third of nurses (34.7%) had Bachelor degree, 31.3% diploma, 25.7% technical institute and 8.3% post studies nursing education. Majority (84.3%) of nurses is living in rural and 15.7% in urban areas.

Table (2): Nurses job characteristics.

Showed that range (18.3% -13%) of nurse's work at operation, dialysis, reception and medical surgical departments. Range (11.7% -8%) worked at obstetrics and gynecology, neonatal intensive care, pediatric and intensive care unit. They 32.7%, 27%, 26% and 14% respectively work as nurses, technical, specialist and unit supervisor. Majority (90.3%) of nurses works evening shift, and 73.3% work night shift. Majority (99%) of nurses work morning 6 hours and 72.7% work 12 hours. Nurses 64% often work during holiday and 25% never work during holiday. They 47.3% often work overtime and 43.7% never work overtime. Most (88.7%) of nurses get little incentives and 0.7% get over incentives for their overtime.

Table (3): Levels and means of nurses job performance dimensions. Showed that nurses 44.7% and 40.7% showed low task and contextual performance respectively. While 37.3% and 24.3% of nurses showed moderate contextual and task performance respectively. But 31% and 22% of nurses showed high task and contextual performance respectively. Mean

112.85±32.327 was for task performance and 68.40±9.717 was for contextual performance. Nurses 26.5% and 30.8% had high and moderate level of overall performance respectively. While 42.7% of nurses had low level of overall job task and contextual performance, with 181.26±38.574 mean score and range (93-259)

Figure (1): Levels and means of nurse's job performance dimensions. Shows levels of nurses total job task performance shows that below half of nurses had low level of total job task performance. While one quarter of nurses had moderate level, and more than one quarter had high level of total job task performance.

Table (4): levels of nurse's total job task performance. Shows levels of nurses total performance for job task dimensions. Nurses 54.0%, 42.0%, 40.0% and 38.7% had low level of performance for job task dimensions respectively information provision, technical care, support provision and coordination of care. Equal (34.7%) of nurses have moderate level for dimensions of technical care and support provision performance. While 38.3%, 37% of nurses showed high level of performing information provision and coordination of care dimensions. The highest mean 43.33±11.636 was for technical care dimensions followed by dimensions of information provision 34.95±15.030.

Figure (2): Levels of nurses total overall contextual dimensions. Shows levels of nurses' total contextual and above third of nurses had high level of total contextual performance. Below one quarter of nurses had moderate level of total contextual performance.

Table (5): Levels of nurses total performance of dimensions. Shows levels

of nurse's total performance of total contextual dimensions. High percent (77.7%, 67.0%) of nurses has low level of performing volunteering for additional duties and job task support dimensions respectively. Nurses 72.3%, 62.0% showed high level of performing compliance and interpersonal support dimensions of contextual dimensions. Interpersonal support showed highest 33.48±4.306 mean scores.

Figure (3): Levels of nurses perceived of total nursing workload. Represents levels of nurses perceived total nursing work overload. Majority of nurses perceived high level of total nursing work overload. Few of nurses perceived low level of total nursing work overload.

Table (6): Levels of nurses perceived total nursing work overload dimensions Show levels of nurses perceived total nursing work overload. Nurses 91.0%, 90.0%, 45.3% perceived high level of unit, task and job work overload respectively. Highest means 49.84±7.724 was for Unit nursing workload.

Figure (4): correlation between perceived nursing workload and overall performance of job task and contextual performance. Shows that there is highly significant positive correlation of nurses perceived nursing workload and overall job task and contextual performance (p=0.002).

Table (1): Nurses characteristics (n=300)

Characteristics	Nurses	
	No	%
<u>Age (in years)</u>		
-< 25	7	2.3
-25-< 35	167	55.7
-35-< 45	106	35.3
-≥ 45	20	6.7
Range	(19-54)	
Mean ± SD	34.08±6.383	
<u>Years of experience</u>		
-< 5	12	4.0
- 5-< 15	176	58.7
-15-< 25	88	29.3
-25-< 35	21	7.0
- ≥35	3	1.0
Range	(3-36)	
Mean ± SD	13.65±6.605	
<u>Gender</u>		
-Male	12	4.0
-Female	288	96.0
<u>Marital status</u>		
-Married	268	89.3
-Single	14	4.7
-Divorced	11	3.7
-Widow	7	2.3
<u>Number of children</u>		
-No	9	3.0
-One	18	6.0
-Two	113	37.7
-More than two	160	53.3
Range	(0-5)	
Mean ± SD	2.52±0.883	
<u>Educational level</u>		
-Diploma	94	31.3
-Technical	77	25.7
-Bachelor	104	34.7
-Post studies	25	8.3
<u>Residence</u>		
-Urban	47	15.7
-Rural	253	84.3

Table (2): Nurses job characteristics (n=300)

Characteristics	Nurses	
	No	%
<u>Department</u>		
-Intensive care	24	8.0
-Neonatal intensive	30	10.0
-Dialysis	50	16.7
-Operations	55	18.3
-Pediatric	27	9.0
-Medical surgical	39	13.0
-Obstetrics and gyn	35	11.7
-Reception	40	13.3
<u>Job position</u>		
- Nurse	98	32.7
- Nursing technician	81	27.0
- Nursing specialist	78	26.0
- Nursing unit supervisor	43	14.3
<u>Shift work</u>		
- Morning shift	297	99.0
- Evening shift	271	90.3
- Night shift	220	73.3
<u>Daily shift hours</u>		
- 6 hours	297	99.0
- 12 hours	218	72.7
<u>Work during holidays</u>		
- Never	75	25.0
- Often	192	64.0
- Always	33	11.0
<u>Work overtime</u>		
- Never	131	43.7
- Often	142	47.3
- Always	27	9.0
<u>Overtime incentives</u>		
- Over	2	0.7
- Moderate	32	10.7
- Little	266	88.7

Table (3): Levels and means of nurse's job performance dimensions

Dimensions	Nurses levels		
	Low	Moderate	High
	%	%	%
Task performance	44.7	24.3	31.0
Range	(43-169)		
Mean ± SD	112.85±32.327		
Contextual performance	40.7	37.3	22.0
Range	(46-95)		
Mean ± SD	68.40±9.717		
Overall performance level	42.7	30.8	26.5
Range	(93-259)		
Mean ± SD	181.26±38.574		

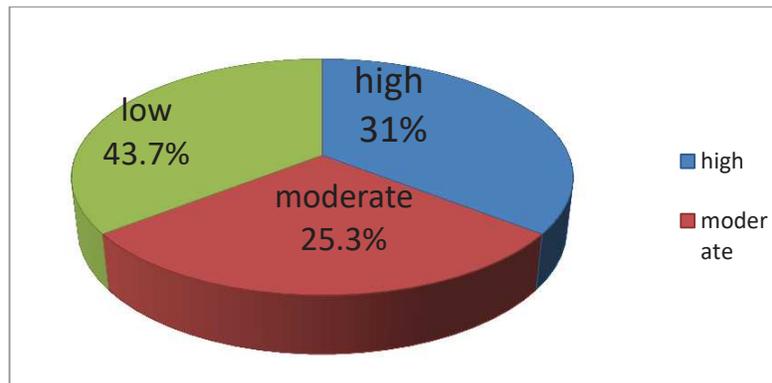


Figure (1): Levels of nurse's total job task performance (n=300)

Table (4): Levels of nurses total performance for job task dimensions (n=300)

Job task dimensions	Levels of nurses			Mean ± SD
	Low	Moderate	High	
	%	%	%	
Technical care	42.3	34.7	23.0	43.33±11.636
Informational provision	54.0	7.7	38.3	34.95±15.030
Support provision	40.0	34.7	25.3	20.88±5.536
Coordination of care	38.7	24.3	37.0	13.69±5.298

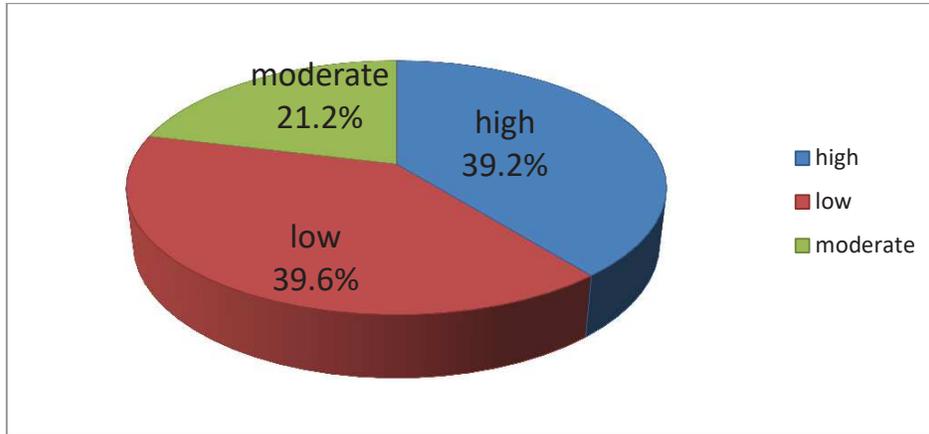


Figure (2): Levels of nurse's total contextual performance

Table (5) Levels of nurses' total performance of contextual dimensions (n=300)

Contextual dimensions	Levels of nurses performance			Mean ± SD
	Low	Moderate	High	
	%	%	%	
Compliance	5.7	22.0	72.3	13.39±1.889
Interpersonal support	8.0	30.0	62.0	33.48±4.306
Job task support	67.0	18.7	14.3	11.02±4.659
Volunteering for additional duties	77.7	14.3	8.0	10.52±3.908

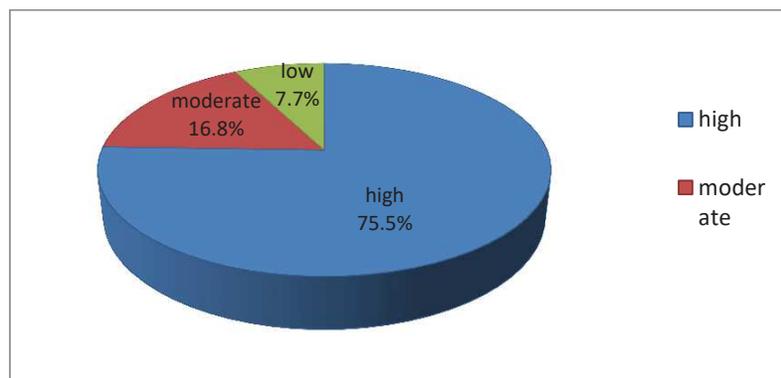


Figure (3): Levels of nurses perceived of total nursing workload (n=300)

Table (6): Levels of nurses perceived total nursing work overload dimensions (n=300)

Nursing work overload dimensions	Nurses			Mean ±SD
	High %	Moderate %	Low %	
Unit level nursing workload	91.0	7.7	1.3	49.84±7.724
Job level nursing workload	45.3	33.7	21.0	25.07±5.136
Task level nursing workload	90.3	9.0	0.7	29.26±5.199

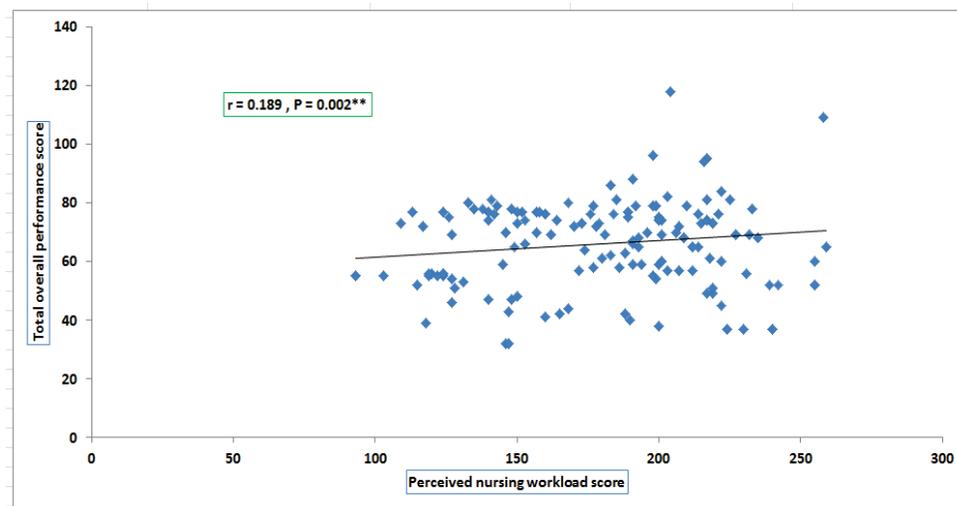


Figure (4): Correlation between perceived nursing workload and overall performance of job task and contextual performance (n=300).

Discussion

Nurses job task performance refers to provision of technical care services as completing technical care actuating, making priorities and developing nursing care plan for patient and managing nursing activities on time. While nurses contextual performances contribute to social, psychological and environmental services, including participating in meeting and consultation that ascent compulsory. Nursing workload is the time taking to carrying out direct and indirect professional and nonprofessional tasks and duties. Nurses perceived increased workload occur when work demanding

long working hours and increasing presumes of work overtime with insufficient resources. So uncovering nurses perceived nursing workload and its

relation to job and contextual performance may help nurses realizing their work goal and preserving quality of care in demanding work environment.

The present study revealed that high percent of nurses showed low and moderate task and contextual performance distributed among unit, job and task workload. Their job task performance included technical care, informational

provision, support provision and coordination of care. While the contextual performance included compliance, interpersonal support, job task support and volunteering for additional duties. Chen et al. (2019)⁽⁴²⁾ supported the present result and found low level of job performance. But they concluded that to improve job performance among nurses in emergency department, it required improvement of safety climate, establishment of supportive job environment, reduce workload and strengthen social support system .

While Sarıköse, and Göktepe (2021)⁽⁴³⁾ not supported this result and found that nurses demonstrated high level of job performance and providing uninterrupted service. They directly exciting and coordinating the service despite nursing shortage and over workload. Beside Ugwu and Onyishi (2020)⁽⁴⁴⁾ not support the present study result and found that majority of nurses had high level of job performance and moderate level of psychological resilience.

Present study showed that below half of nurses had low and quarter of nurses had moderate level of job task performance. Actually, those nurses have technical care responsibilities, informational and supportive provision as well as coordination of care. Beside they have to document nursing care given for many patients at specific time. Yet most of nurses actually prioritized only technical care, assuming that any technical error might produce serious sequences. While not prioritized emotional support because they believe it might not result in any obvious negative impact on the patient's clinical outcome. Manesh et al. (2018)⁽⁴⁵⁾ support present study and found that majority of nurses had moderate level of job performance, due to the variation of professional nurses work experience as the more experienced one provide effective nursing care than the new one .While Tong (2018)⁽⁴⁶⁾ supported this result and

found that majority of nurses had moderate level of task performance, because they focused more in technical care than social and emotional support. The study concluded that attention can be focused to improving meaningful work and providing more support and assistance, with the intention of improving nursing performance and thereby the qualities of nursing care. Nurse managers should increase number of nurses for routine work, communicate more with nurses to set the goals of working and learning, improve nursing skills and knowledge, and maintain a positive working atmosphere.

Study data revealed that forty percent of nurses had low level of total contextual performance. Most probably this result was related to nurses low job task support and low volunteering for additional duties. Beside that over half of those nurses working in dialysis, operating rooms and neonatal intensive care departments which characterized by having low chance for contextual task performance. Adding to the general nurse's shortage at Santa central hospital with low level of nurses informational and support provisions as well as nurses low coordination of care.

But present study results also revealed that above third of nurses showed high level of total contextual performance. This result may be due to nurses' high level of compliance and interpersonal support. Most probably those nurses have good information exchange and strong relationship with their collages. Which reflected on their response to patients needs which empower them to be active help for them. Yet, Devonish and Greenidge (2015)⁽⁴⁷⁾ support the present result and found that high emotionally intelligent employees who had perceived high level of procedural justice within their organization, engaged in higher levels of contextual performance.

Majority of present study nurses perceived high level of total nursing work

overload. Those nurses are the basic people who responsible for unit level, job level and task level workload. Actually, they had work overload related to excessive duties which delegated to be achieving in a little time for many patient, beside the severe shortage of nurses and lack of nurses support. As well as the result showed positive significant relation of total perceived nursing workload mean, according to gender, education and marital status. This result reflects the unfair distribution of work among female and male nurses. Yet female technical nurses and unmarried were the most work overloaded group.

Labrague, et al. (2020) ⁽⁴⁸⁾ support the result, found that majority of nurses had missed care event due to insufficient number of nurses and their nursing over workload in hospital. Also, Malik (2018) ⁽⁴⁹⁾ support results of present study and found significant positive relationship between role overload and occupational stress. Nurses who work in long hours, more shifts, and deal with more injured and dying people, feel high stress , tiredness and may decide to leave their nursing profession in early retirement age.

Also, Strazzerie et al. (2019) ⁽⁵⁰⁾ support the present study result and found that nursing work overload was associated with male patient in intensive care unit. Researcher explained that discrepancy of nursing workload could be because of different nursing staff frameworks, organizations and differences in the types of patients admitted to ICUs. Contrary to Kallbergg et al. (2017) ⁽⁵¹⁾ not support the present study result and found low level of nursing workload associated with strong teamwork among nurses.

Conclusion

Based on the finding of presented study, it can conclude that nurses at El Santa central hospital are at low, moderate and highly levels of nursing overall task

and nursing contextual performance with high level of unit, job and task levels of work overload. There is highly significant positive correlation of nurses perceived nursing workload and their overall job task and contextual performance. Actually, those nurses have low collaboration and support provision between nursing team have uncomfortable environment in the unit, and nurses do not have time to volunteering for giving contextual performance for patient or other work in the hospital .

Recommendations

On the line of the finding of current study the following recommendations are suggested:

-Provide balanced schedule of shift work for nurses.

-Hiring newly nurses in the hospital units.

-Maintain safe environment sufficient supplies and equipment.

-Maintain supervisor's continuous follow up for nurses and assess their areas of strength and weakness.

-Periodical in service training for nurses to improve their quality of performance.

-Encourage head nurses for proper managing of nursing services activities.

-Involving nursing staff in decision making to promote their self confidence.

-Encourage good nursing staff relationship and cooperation.

-Increase level of support provision for staff nurses.

-Providing motivation to nurses in form of monitory incentives and encouragements to relief their stress.

Recommendations geared toward future research:

-Based on the current study finding it was recommended that further researches are needed to.

-Study to implement strategies for job performance improvement.

-Effect of in-service training program for improving nursing staff performance.

-Effect of stress management programs on level of nursing staff over workload and their performance .

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